

11-27-00

<p>UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE</p> <p>ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)</p>	<p>1. CERTIFICATE NUMBER: 83-R-0001</p> <p>CUSTOMER NUMBER: 16</p>	<p>FORM APPROVED OMB NO. 0579-0036</p>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>University Of Wyoming P. O. Box 3355</p> <p>Laramie, WY 82071</p> </div> <div style="width: 45%; text-align: right;"> <p>Telephone: (307)742-3146</p> </div> </div>		

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, experiments, research, or surgery but not y	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, a	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs	6		10		10
7. Hamsters					
8. Rabbits	2		43		43
9. Non-human Primate					
10. Sheep		15			15
11. Pigs					
12. Other Farm Animals					
Goat	1				
13. Other Animals					
Flying Squirrels	13		2		2
Palid Bat	45		45		45
Voies			21		21

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and follo actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal ca

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
 (Chief Executive Officer or Legally Responsible Institutional Official)

<p>SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL</p>	<p>NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)</p> <p>William A. Gern Vice PResident for Research</p>	<p>DATE SIGNED</p> <p>11-20-00</p>
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FORM APPROVED
OMB NO. 0579-0036

Telephone:
307-766-5320
307-766-3146

PART I - HEADQUARTERS

11-27-00

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 83-R-0004
CUSTOMER NUMBER: 17

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Eastern Wyoming College
3200 West C

Telephone:
(307)532-8200

Torrington, WY 82240

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not y	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, a	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs			33		33
5. Cats			13		13
6. Guinea Pigs		2			2
7. Hamsters		3			3
8. Rabbits		4			4
9. Non-human Primate					
0. Sheep			0		0
1. Pigs			0		0
2. Other Farm Animals					
CATTLE			8		8
3. Other Animals					

ASSURANCE STATEMENTS

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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal ca

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

Joan Z. Bottenfield, President

JACK BOTTENFIELD, PRESIDENT

11/21/00

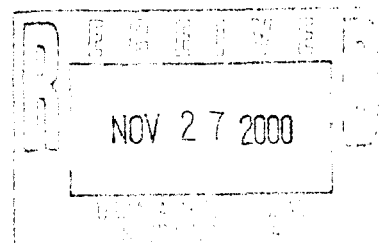
Annual Report Site Listing:

Customer ID and Site Address:

Cust ID: 17

3200 West C
Torrington, WY 82240
County: Goshen

Telephone
(307)532-8268



UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. CERTIFICATE NUMBER: 83-R-0005
CUSTOMER NUMBER: 1666

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

Wyoming Fish & Game
2362 Hwy 34

Telephone:
(307)322-2571

WHEATLAND
Laramie, WY 82201

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, or experimentation, or held for these purposes. Attach additional sheets if necessary)

2362 HWY 34
WHEATLAND, WY 82201

FACILITY LOCATIONS (Sites) - See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS Form 7023A)

A. Animals Covered By The Animal Welfare Regulations	B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not y	C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs.	D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, a	E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to	F. TOTAL NUMBER OF ANIMALS (COLUMNS C + D + E)
4. Dogs					
5. Cats					
6. Guinea Pigs					
7. Hamsters					
8. Rabbits					
9. Non-human Primate					
0. Sheep					
1. Pigs					
2. Other Farm Animals					
CATTLE	9	9			9
3. Other Animals					
ELK	43	31			31
MOOSE	3				0
PRONGHORN	5				0

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and follow actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

Terry J. Kreeger

TERRY J. KREEGER
SUPER, VETERINARY SERVICES

10/6/00

1. REGISTRATION NO.

FORM APPROVED
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

include Zip Code)
WYOMING GAME AND FISH
2362 HWY 34
LIMESTONE WY 82201

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

[illegible]

ASSURANCE STATEMENTS

- 1). Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4). The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTES RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

NAME & TITLE OF WITNESSES: SUPERVISORIAL OFFICIAL (Type or Print)
TERRY J. KREEGER
SUPERVISOR, VETERINARY SERVICES

10/6/20

Annual Report Site Listing:

Customer ID and Site Address:

Cust ID: 1666

2362 Highway 34
Wheatland, WY 82201
County: Platte

Telephone
(307)322-2571

